



March 7, 2007

**MEDICAID DRUG REBATE PROGRAM**

**Release No. 145**



**For State Medicaid Directors**



**MEDICAID DRUG REBATE DISPUTE RESOLUTION PROGRAM (DRP)  
NATIONAL MEETING - APRIL 16-20, 2007**

Registration Due by March 30, 2007

We are pleased to announce that the next National DRP Meeting will be held April 16-20 in Baltimore, Maryland at the Tremont Plaza Suite Hotel, 222 St. Paul Place.

While this meeting is open to all states and manufacturers, we strongly encourage those with significant amounts in dispute to attend. As in the past, prior planning is absolutely imperative to the success of these meetings; therefore, we are requesting that you register **PROMPTLY** by sending an email to the DRP email address at: [drp@cms.hhs.gov](mailto:drp@cms.hhs.gov).

If possible, states should plan on arriving in Baltimore in time to attend a "state-only" meeting with the DRP Team the morning of Monday, April 16.

Please use the format provided below when registering and indicate whether you will be attending the entire week or for just part of the week. Partial week attendees should specify on which days they will be attending. In addition, for each day you are participating, please indicate whether you will be attending both morning and afternoon sessions. For example, someone who is attending both sessions on all days of the conference will indicate that he or she is attending Monday-Friday AM and PM, whereas someone who is only attending the morning sessions on Monday and Tuesday of the conference week will specifically indicate that he or she is attending Monday AM and Tuesday AM only.

Sample Registration Format

Name(s) of Attendee(s):

Manufacturer (Labeler Codes Required): To assist with the scheduling, manufacturers that register multiple representatives for purposes of holding separate meetings should provide the specific state/manufacturer breakdown.

State(s):

Phone:

Email:

Date of Arrival & Departure (AM/PM):

Whenever possible, priority scheduling will be afforded those who register earliest. We will ensure that adequate DRP staff is available to conduct the meetings based on your timely responses.

Meeting details, hotel registration and list of attendees are provided on our web page at: [http://www.cms.hhs.gov/MedicaidDrugRebateDispR/05\\_DRPMeetings.asp#TopOfPage](http://www.cms.hhs.gov/MedicaidDrugRebateDispR/05_DRPMeetings.asp#TopOfPage).

The list of attendees on our web page will be updated weekly. If you wish to meet with a manufacturer/state who has not yet registered, feel free to contact them directly to request their attendance or let us know and we can extend an invitation.

Note: DRP meeting contingent on CMS budget.

As always, feel free to contact any of the Regional Office DRP Team members for any state specific DRP issues. Any non-state specific DRP questions or issues concerning the April meeting may be emailed to [drp@cms.hhs.gov](mailto:drp@cms.hhs.gov).

**CHANGES TO THE ADJUSTMENT/DISPUTE CODES REPORTED ON THE RECONCILIATION OF STATE INVOICE (ROSI) AND THE PRIOR QUARTER ADJUSTMENT STATEMENT (PQAS)**

When labelers complete the ROSI (form CMS-304) or the PQAS (form CMS-304a) they must enter the appropriate code(s) to explain any adjustments and/or disputes, as necessary. A list of acceptable adjustment/dispute codes is attached to this release.

We have recently made changes to these codes in response to requests from states and labelers and in an effort to assist in the resolution of Medicaid drug rebate disputes. Specifically, the codes have been revised to be more comprehensive and should now accommodate any adjustment or dispute. Please note that only the codes listed on the attached should be used to explain adjustments and/or disputes and that some codes may be appropriate for either situation. Some codes provide for supporting documentation; however, supporting documentation can always be submitted, even for those instances where it is not specifically mentioned.

**EXTENDED DEADLINE FOR IMPLEMENTING CHANGES TO CMS FORM R-144**

State Release #143 discussed some changes that were recently made to the CMS Form R-144 (the state invoice); however, that release did not specify a deadline by which these changes needed to be implemented and integrated into existing state systems. A previous fax to states on September 8, 2006 indicated that the revised CMS Form R-144 should be used for rebate invoicing beginning with the invoice for the first quarter of 2007 (which is the invoice states will send to manufacturers in late May 2007). However, as a result of other significant systems changes necessitated by the Deficit Reduction Act (DRA) of 2005, we are extending this implementation deadline to give all parties additional time to make the systems modifications related to the revised invoice. **Therefore, the revised CMS Form R-144 must now be used beginning with the invoice for the fourth quarter of 2007 (which is the quarterly invoice states will send to manufacturers in late February 2008).** If states are able to update their systems with the invoice changes before the fourth quarter 2007 invoicing period, they have the option to do so; however, states will not be required to use the revised CMS Form R-144 until the fourth quarter 2007 invoicing period.

In addition, the previous state fax indicated that the new state utilization data fields (i.e., the Medicaid Amount Reimbursed data field and the Non-Medicaid Amount Reimbursed data field) should be included with state utilization data submissions beginning with the first quarter of 2007 submission (which is the utilization data states will submit to CMS in June 2007). However, because the deadline for implementing the invoice changes has been extended, the deadline for implementing the abovementioned changes to the utilization data has been extended as well. **As a result, the revised utilization data format must now be used beginning with each state's fourth quarter 2007 utilization data submission to CMS (which is the quarterly utilization data states will submit to CMS in March 2008). Please note that all quarterly utilization data submissions sent to CMS prior to the fourth quarter 2007 utilization data submission should be transmitted in the previous format. CMS's system will not accept the new format until early 2008 to accommodate the new implementation deadline.**

Any questions regarding this information should be directed to [mdoperations@cms.hhs.gov](mailto:mdoperations@cms.hhs.gov).

#### **RE-ACTIVATED NDCs IN MDR**

State Releases #137 and #138 previously stated that several Sodium Chloride products were being deleted from the Medicaid Drug Rebate (MDR) system because they did not meet the definition of a covered outpatient drug as defined in Section 1927(k)(2) of the Social Security Act (the Act). However, in further discussing these products with the Food and Drug Administration (FDA), we have determined that some of the previously deleted Sodium Chloride products are approved as prescription drugs under Section 505 or 507 of the Federal Food, Drug, and Cosmetic Act and, therefore, do meet the definition of a covered outpatient drug as defined in the Act. As a result, the following NDCs have been re-activated in the MDR system and will appear on the state rebate tape as active drug products that are eligible for rebates beginning with the fourth quarter of 2006:

00074-1812

00074-1918

00409-1918

00517-2802

00517-2810

**CHANGE IN DRUG COVERAGE STATUS/DESI CODE CHANGE**

The following product was reported by the labeler as DESI Code 2; however, the FDA has informed us that the class of drugs to which this product belongs (i.e., combination guaifenesin, chlorpheniramine, hydrocodone, pseudoephedrine) has been determined to be DESI code 5 (DESI 6514, May 25, 1982):

68047-0190 Drotuss

The following product was reported by the labeler as DESI Code 2; however, the FDA has informed us that the class of drugs to which this product belongs (i.e. combination guaifenesin, pyrillamine, phenylephrine) has been determined to be DESI code 5 (DESI 6514, May 25, 1982):

65162-0530 A-Tan 12X Suspension

The following products were reported by the labelers as DESI Code 2 however, the FDA has informed us that the class of drugs to which these products belong (i.e., combination trypsin, balsam peru, castor oil) has been determined to be DESI code 6 (DESI 10110, February 12, 1972 (37 FR 3202)):

51991-0124 Trypsin Complex Ointment  
13279-0104 Allanderm-T Ointment

The following product was reported by the labeler as DESI Code 5; however, the FDA has informed us that the drug is DESI Code 6 (DESI 11853, December 24, 2002 (67 CFR 78476)):

00182-1396 Trimethobenzamide Hydrochloride

Please be aware that these drugs will no longer be eligible for Federal financial participation. The first quarter 2007 CMS tape to states will reflect the abovementioned DESI Code changes.

The following products were reported by the labelers as DESI Code 5; however, the FDA has informed us that the drugs are DESI Code 2:

68462-0193 Codeine 30MG  
68462-0194 Codeine 60MG  
00603-1636 Quintex HC SF DF AF

Please be aware that these drugs will be eligible for Federal financial participation. The first quarter 2007 CMS tape to states will reflect these DESI Code changes.

**NON-DRUG DELETIONS FROM MDR**

As part of our continuing effort to remove non-drug items from the Medicaid Drug Rebate (MDR) system, the following products will be deleted from the MDR master file of covered outpatient drugs effective July 01, 2007:

00135-0025 GERITOL TONIC  
00135-0026 GERITOL COMPLETE TABLETS  
00135-0027 GERITOL EXTEND CAPLETS

00182-0418 OYST-CAL D TABLETS  
00182-1576 OYST-CAL 500  
00182-4439 OYST-CAL D 500 TABLETS

00281-4285 CHROMAGEN

00472-1469 FERROUS SULFATE DROPS

00536-4103 OYSCO D/CALCIUM SUPPLEMENT TABS  
00536-4106 OYSCO 500 TABS  
00536-7817 OYSCO 500 + D

16103-0360 OYSTER SHELL CALCIUM  
16103-0361 OYSTER SHELL CALCIUM + VITAMIN D

24385-0644 OYSTER SHELL CALCIUM  
24385-0912 OYSTER SHELL CALCIUM, 250 MG

49348-0061 OYSTER SHELL CALCIUM 250 MG. W/VIT D  
49348-0264 OYSTER SHELL CALCIUM 500 MG. W/VIT D  
49348-0323 OYSTER SHELL CALC+D  
49348-0330 OYSTER SHELL+D  
49348-0708 STRONG STRIPS BANDAGES  
49348-0758 BANDAGES BUTTERFLY CLOSURES

52569-0232 OYSTER SHELL CALCIUM

51645-0760 FERROUS SULFATE 325MG TABLETS FC (GREEN)  
51645-0761 FERROUS SULFATE 325MG TABLETS FC (RED)

52569-0468 FERROUS SULFATE 325 MG

60258-0127 OYSTER CALCIUM 500MG +D TABLETS

62107-0049 OYSTER SHELL CALCIUM 500MG  
 62107-0073 OYSTER SHELL CALCIUM 250MG PLUS VITAMIN D  
 62107-0075 OYSTER SHELL CALCIUM 500MG PLUS VITAMIN D

63739-0041 CALCIUM (AS OYSTER SHELL) W/VITAMIN D TAB 250MG  
 63739-0291 CALCIUM (AS OYSTER SHELL) W/VIT. D 500MG/200IU

64011-0129 CHROMAGEN  
 64011-0198 CHROMAGEN CAPLET

The abovementioned products were not approved as prescription drugs by the Food and Drug Administration (FDA) under Section 505 or 507 of the Federal Food, Drug, and Cosmetic Act and therefore, do not meet the definition of covered outpatient drugs as defined in Section 1927(k)(2) of the Social Security Act.

### **OPERATIONS TRAINING GUIDE IS NOW OBSOLETE**

As you know, the Deficit Reduction Act of 2005 (DRA) made significant changes to the Medicaid Drug Program, including changes to data reporting requirements. These program modifications have rendered the current Operational Training Guide obsolete; therefore, this guide should no longer be used as a reference material. As a result, CMS is in the process of finishing two new data guides, one for states and one for labelers. We hope to make the respective guides available to State Technical Contacts (TCs) and Labeler TCs in the near future.

State TCs will be emailed the State Data Guide. Labelers who have access to Drug Data Reporting for Medicaid (DDR) will be able to download the Labeler Data Guide from DDR. Future inquiries should only be based on the information contained in the new data guides, because the information in the existing training guide is no longer relevant.

### **NEW LABELERS**

<u>Labeler Name/Labeler Code</u>	<u>Mandatory Coverage Date</u>	<u>Optional Coverage Date</u>
Graceway Pharmaceuticals, LLC 13453	04/01/2007	01/10/2007
Triax Pharmaceuticals, LLC 14290	07/01/2007	02/01/2007
Summit Pharmaceuticals DBA Enemeez, Inc. 17433	04/01/2007	12/13/2006
Mallinckrodt Brand Pharmaceuticals, Inc.		

23635	07/01/2007	02/05/2007
SJ Pharmaceuticals, LLC 24839	04/01/2007	01/24/2007
Fresenius Medical Care North America 49230	04/01/2007	01/22/2007
Cumberland Pharmaceuticals, Inc. 66220	07/01/2007	02/01/2007

Contact information for new labelers is attached for your convenience.

### **TERMINATED LABELERS**

The following labeler code is being terminated effective 04/01/2007:

Iopharm Laboratories, Inc. (Labeler Code 61646)

The following labeler codes are being terminated effective 07/01/2007:

JMI-Daniels Pharmaceuticals, Inc. (Labeler Code 00689)  
The Liposome Company, Inc. (Labeler Code 61799)

### **VOLUNTARILY TERMINATED LABELERS**

The following labelers have requested voluntary termination effective 04/01/2007:

Emrex/EconoMed Pharmaceuticals, Inc. (Labeler Code 38130)  
Seneca Pharmaceuticals, Inc. (Labeler Code 47028)  
Harvest Pharmaceuticals, Inc. (Labeler Code 67754)

The following labelers have requested voluntary termination effective 07/01/2007:

3M Pharmaceuticals (Labeler Code 17518)  
Myogen, Inc. (Labeler Code 20694)  
3M Pharmaceuticals (Labeler Code 55298)  
GlaxoSmithKline (Labeler Code 00766)  
GlaxoSmithKline (Labeler Code 45800)  
GlaxoSmithKline (Labeler Code 49692)  
GlaxoSmithKline (Labeler Code 53100)  
Richmond Pharmaceuticals, Inc. (Labeler Code 54738)

### **OTHER ATTACHMENTS**

A copy of the current listing of the 91-day treasury bill auction rates beginning with the period October 3, 2005, is attached.

Please remember to direct your drug rebate data questions to [MDROperations@cms.hhs.gov](mailto:MDROperations@cms.hhs.gov).

/s/

Edward C. Gendron  
Director  
Finance, Systems and Budget Group

3 Attachments

cc:  
All State Drug Rebate Technical Contacts  
All Regional Administrators



## **Adjustment and/or Dispute Codes for Reconciliation of State Invoice and/or Prior Quarter Adjustment Statement**

- A. Rebate per unit (RPU) amount has been revised by labeler and reported to CMS, as required.
- B. Labeler has calculated RPU and/or rebate where none was reported by State.
- C. Units invoiced adjusted through mutual agreement between labeler/State.
- D. Labeler/State Unit Type and/or Units Per Package Size (UPPS) value discrepancy (e.g., unit type and/or UPPS reported on invoice does not match CMS tape).
- E. Labeler/State decimal discrepancy or rounding problems (e.g., State invoice does not reflect decimal value on CMS tape).
- F. \*Package size discrepancy (e.g., could include correction to package size by labeler).
- G. \*Transferred NDC to another labeler code or company. (Labeler code is ultimately responsible for rebate payment.)
- H. Utilization change from the State.
- I. RPU amount adjusted through correspondence between labeler/State. USE THIS CODE ONLY when the State has reported a RPU not based on the CMS tape and code A is not applicable.
- J. No State reimbursement reflected on claims level detail.
- K. \*J-Code to NDC crosswalk requires validation data (e.g., crosswalk to products with multiple NDCs and/or package sizes).
- L. Generic Substitution.
- M. Duplicate claim.
- N. \*Discontinued/terminated NDC for which the shelf life expired more than one year from the dispense date. (Documentation should support dispensed date.)
- O. Invalid/miscoded NDC.
- P. \*State units invoiced exceed unit sales. (Documentation should include supporting methodology and data source.)
- Q. Utilization/quantity is inconsistent with the number of prescriptions.
- R. \*Utilization/quantity is inconsistent with pharmacy reimbursement levels, including Third Party Payments. (This dispute code must be used in conjunction with another code or other supporting documentation.)
- S. \*Utilization/quantity is inconsistent with State historical trends or current State program information. (Documentation should include trend/program information.)
- T. Utilization/quantity is inconsistent with lowest dispensable package size.
- U. \*Product not rebate eligible (e.g., product was not reported to CMS because the product is not a covered outpatient drug, product is for a non-Medicaid State-only program, an HMO non-fee-for-service program, etc...).
- V. \*No record of sales directly to State or State history of purchase from out-of-State provider (e.g., border pharmacies, mail order pharmacies, etc.).
- W. Closed out. All disputes resolved.
- X. \*PHS entity not extracted from State data. (Documentation should include PHS provider number.)

**\*Supporting Documentation REQUIRED.**

**Note: Some adjustment/dispute codes are specifically noted to require supporting documentation; however, supporting documentation can always be submitted, even for those instances where it is not specifically mentioned on this document.**

**MDRI Detailed Manufacturer Contact Information****Date Range: 12/13/2006 to 07/01/2007****Labeler Name:** GRACEWAY PHARMACEUTICALS, LLC**Effective Date:** 01/10/2007**NDC:** 13453 **Transmission Option:** 2**Termination Date:****Legal Information**JOHN BELLAMY  
GRACEWAY PHARMACEUTICALS, LLC  
340 EDMONT AVENUE  
SUITE 500  
BRISTOL, TN 37620  
(423) 274-2100 x2120**Invoice Information**NICOLE YOUNG  
GRACEWAY PHARMACEUTICALS, LLC  
2 WEST LIBERTY BLVD.  
SUITE 203  
MALVERN, PA 19355  
(484) 321-5600 x21023**Technical Information**STEPHANIE KUPSKI  
GRACEWAY PHARMACEUTICALS, LLC  
2 WEST LIBERTY BLVD  
SUITE 203  
MALVERN, PA 19355  
(484) 321-5600 x21004**Labeler Name:** TRIAX PHARMACEUTICALS, LLC**Effective Date:** 02/01/2007**NDC:** 14290 **Transmission Option:** 1**Termination Date:****Legal Information**MARK JORDAN  
TRIAx PHARMACEUTICALS, LLC  
20 COMMERCE DRIVE  
SUITE 232  
CRANFORD, NJ 07016  
(908) 372-1211**Invoice Information**CHARLES TATE  
TRIAx PHARMACEUTICALS, LLC  
20 COMMERCE DRIVE  
SUITE 232  
CRANFORD, NJ 07016  
(908) 372-1204**Technical Information**CHARLES TATE  
TRIAx PHARMACEUTICALS, LLC  
20 COMMERCE DRIVE  
SUITE 232  
CRANFORD, NJ 07016  
(908) 372-1204**Labeler Name:** SUMMIT PHARMACEUTICALS DBA ENEMEEZ, INC.**Effective Date:** 12/13/2006**NDC:** 17433 **Transmission Option:** 2**Termination Date:****Legal Information**JIM PRITCHARD  
SUMMIT PHARMACEUTICALS DBA  
ENEMEEZ, INC.  
2515 E. ROSE GARDEN LN  
SUITE 1  
PHOENIX, AZ 85050  
(602) 276-3434**Invoice Information**JEAN CAMPBELL  
SUMMIT PHARMACEUTICALS DBA  
ENEMEEZ, INC.  
2515 E. ROSE GARDEN LN  
SUITE 1  
PHOENIX, AZ 85050  
(602) 276-3434**Technical Information**JEAN CAMPBELL  
SUMMIT PHARMACEUTICALS DBA  
ENEMEEZ, INC.  
2515 E. ROSE GARDEN LANE  
SUITE 1  
PHOENIX, AZ 85050  
(602) 276-3434

**MDRI Detailed Manufacturer Contact Information  
07/01/2007**

**Date Range:**

**12/13/2006 to**

**Labeler Name:** MALLINCKRODT BRAND PHARMACEUTICALS, INC.

**Effective Date:** 02/05/2007

**NDC:** 23635 **Transmission Option:** 1

**Termination Date:**

**Legal Information**

BRIAN ELSBERND  
MALLINCKRODT BRAND  
PHARMACEUTICALS  
675 MCDONNELL BLVD.  
10-4-S  
ST. LOUIS, MO 63042  
(314) 654-3168

**Invoice Information**

VENITA DAVIS  
MALLINCKRODT BRAND  
PHARMACEUTICALS  
675 MCDONNELL  
10-4-S  
ST. LOUIS, MO 63042  
(314) 654-6226

**Technical Information**

BRIAN ELSBERND  
MALLINCKRODT BRAND  
PHARMACEUTICALS  
675 MCDONNELL BOULEVARD  
10-4-S  
ST. LOUIS, MO 63042  
(314) 654-3168

**Labeler Name:** SJ PHARMACEUTICALS, LLC

**Effective Date:** 01/24/2007

**NDC:** 24839 **Transmission Option:** 2

**Termination Date:**

**Legal Information**

TERRI JACKSON-WADE  
SJ PHARMACEUTICALS, LLC  
4587 DAMASCUS ROAD  
MEMPHIS, TN 38118  
(901) 369-9418 x395

**Invoice Information**

TERRI JACKSON-WADE  
SJ PHARMACEUTICALS, LLC  
4587 DAMASCUS ROAD  
MEMPHIS, TN 38118  
(901) 369-9418 x395

**Technical Information**

TERRI JACKSON-WADE  
SJ PHARMACEUTICALS, LLC  
4587 DAMASCUS ROAD  
MEMPHIS, TN 38118  
(901) 369-9418 x395

**Labeler Name:** FRESENIUS MEDICAL CARE NORTH AMERICA

**Effective Date:** 01/22/2007

**NDC:** 49230 **Transmission Option:** 2

**Termination Date:**

**Legal Information**

MITCHELL KRINSKY  
FRESENIUS MEDICAL CARE NORTH  
AMERICA  
920 WINTER STREET  
WALTHAM, MA 02451-1457  
(781) 699-9187

**Invoice Information**

ANGELA PORTER  
FRESENIUS MEDICAL CARE NORTH  
AMERICA  
920 WINTER STREET  
WALTHAM, MA 02451-1457  
(781) 699-9000 x4195

**Technical Information**

J. BRIAN GRADY  
FRESENIUS MEDICAL CARE NORTH  
AMERICA  
920 WINTER STREET  
WALTHAM, MA 02451-1457  
(781) 699-4541 x4541

**MDRI Detailed Manufacturer Contact Information  
07/01/2007**

**Date Range: 12/13/2006 to**

**Labeler Name:** CUMBERLAND PHARMACEUTICALS, INC.

**Effective Date:** 02/01/2007

**NDC:** 66220 **Transmission Option:** 1

**Termination Date:**

**Legal Information**

JIM HERMAN  
CUMBERLAND PHARMACEUTICALS, INC.  
2525 WEST END AVENUE  
SUITE 950  
NASHVILLE, TN 37203  
(615) 255-0068 x214

**Invoice Information**

AMELIA WATKINS  
CUMBERLAND PHARMACEUTICALS, INC.  
2525 WEST END AVENUE  
SUITE 950  
NASHVILLE, TN 37203  
(615) 255-0068 x212

**Technical Information**

AMELIA WATKINS  
CUMBERLAND PHARMACEUTICALS, INC.  
2525 WEST END AVENUE  
SUITE 950  
NASHVILLE, TN 37203  
(615) 255-0068 x212

**WEEKLY U.S. T-BILL INVESTMENT RATE**  
 weekly 91-day treasury bill auction rates

<b>Date of Auction</b>	<b>Invest. Rate</b>	<b>Date of Auction</b>	<b>Invest. Rate</b>	<b>Date of Auction</b>	<b>Invest. Rate</b>
10-03-05	3.606	05-01-06	4.807	12-04-06	4.999
10-11-05	3.714	05-08-06	4.864	12-11-06	4.926
10-17-05	3.875	05-15-06	4.864	12-18-06	4.952
10-24-05	3.942	05-22-06	4.828	12-25-06	5.004
10-31-05	3.983	05-30-06	4.843	01-01-07	5.062
11-07-05	3.963	06-05-06	4.833	01-08-07	5.072
11-14-05	4.004	06-12-06	4.926	01-15-07	5.108
11-21-05	4.034	06-19-06	4.958	01-22-07	5.129
11-28-05	3.994	06-26-06	5.036	01-29-07	5.145
12-05-05	4.025	07-03-06	5.088	02-05-07	5.145
12-12-05	3.911	07-10-06	5.056	02-12-07	5.160
12-19-05	3.988	07-17-06	5.098	02-19-07	5.171
12-26-05	3.999	07-24-06	5.108	02-26-07	5.185
01-02-06	4.169	08-07-06	5.124		
01-09-06	4.252	08-14-06	5.114		
01-17-06	4.377	08-21-06	5.109		
01-23-06	4.397	08-28-06	5.093		
01-30-06	4.485	09-04-06	4.984		
02-06-06	4.485	09-11-06	4.947		
02-13-06	4.553	09-18-06	4.942		
02-21-06	4.563	09-25-06	4.895		
02-27-06	4.625	10-02-06	4.890		
03-06-06	4.615	10-09-06	4.978		
03-13-06	4.625	10-16-06	5.072		
03-20-06	4.662	10-23-06	5.124		
03-27-06	4.610	10-30-06	5.108		
04-03-06	4.651	11-06-06	5.088		
04-10-06	4.688	11-13-06	5.088		
04-17-06	4.719	11-20-06	5.071		
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